

FEE TRANSMITTAL JAN 17 2006

Complete if Known

| | |
|------------------------|--------------------|
| Application Number | 09/960,232 |
| Filing Date | September 20, 2001 |
| First Named Inventor | Wang |
| Examiner Name | 2153 |
| Art Unit | P.S. Scuderi |
| Attorney Docket Number | M61.12-0389 |

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1020

METHOD OF PAYMENT (Check all that apply)

- ☐ Check
 ☒ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (Please Identify): _____
☒ Deposit Account - Deposit Account Number: 23-1123
 Deposit Account Name: Westman, Champlin and Kelly
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☐ Charge fee(s) indicated below
☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s)
☒ Credit any overpayments
 under 37 CFR 1.16 and 1.17

Warning: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|--------------|----------|--------------|----------|------------------|----------|----------------|
| | Small Entity | | Small Entity | | Small Entity | | |
| | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple dependent claims | 360 | 180 |
| Total Claims | | |
| 0 - 20 or HP = 0 x 50 = 0 | | |
| HP = highest number of total claims paid for, if greater than 20 | | |
| Indep. Claims | | |
| 0 - 3 or HP = 0 x 200 = 0 | | |
| HP = highest number of independent claims paid for, if greater than 3 | | |
| Multiple Dependent Claims | | |
| Fee (\$) | 360 | Fee Paid (\$) |
| | | 0 |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| 0 | - 100 = 0 | / 50 = 0 (round up to a whole number) x | 250 | = 0 |

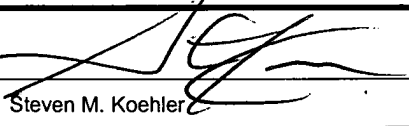
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: 3-month extension of time

1020

SUBMITTED BY

| | | | | |
|-------------------|---|-----------------------------------|--------|-------------------------|
| Signature |  | Registration No. (Attorney/Agent) | 36,188 | Telephone: 612-334-3222 |
| Name (Print/Type) | Steven M. Koehler | | | Date: 4/12/06 |

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